

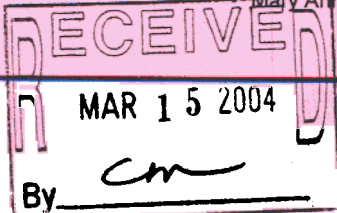
GRANT OFFICE USE ONLY

Notification to ITS:

Initials:

## GRANT AWARD APPROVAL FORM

<b>1. Official Name of Grant Program:</b>		Date of SBE approval of grant criteria SEE NOTE	
2003 - 2004 (years)	Michigan Virtual High School (title)	(NOTE: State legislatively approved grant.)	<input type="checkbox"/> Initial (type) <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Continuation
Legislation Authorizing this Grant Program: Section 98 of the State School Aid Act, as amended by PA 158 of 2003.			
<input type="checkbox"/> Federal Grant CFDA Number		<input checked="" type="checkbox"/> State Grant	<input type="checkbox"/> Other (Private, Foundation)
<b>2. Type and Purpose of Grant Program: (check one)</b>			
To continue the development, implementation, and operation of the Michigan Virtual High School.		<input type="checkbox"/> Competitive <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Other Legislatively Designated (specify) _____	
<b>3. SBE Priorities and Policies that this Grant Program Supports: (check all that apply)</b>			
<u>Priorities</u>		<u>Policies</u>	
<input type="checkbox"/> Integrating Communities and Schools	<input type="checkbox"/> Elevating Educational Leadership	<input type="checkbox"/> Bullying	<input type="checkbox"/> Character Education
<input checked="" type="checkbox"/> Embracing the Information Age	<input type="checkbox"/> Ensuring Early Childhood Literacy	<input type="checkbox"/> Creating Effective Learning Environments	<input type="checkbox"/> Family Involvement
<input type="checkbox"/> Ensuring Excellent Educators		<input type="checkbox"/> Safe Schools	
<input type="checkbox"/> Other _____ (specify)			
<b>4. Grant Categories (if not described in Item 2):</b> <input checked="" type="checkbox"/> NOT APPLICABLE			
<b>5. Target Population to be Served by Grant:</b> High school students throughout the state.			
<b>6. Total Funds Awarded:</b> \$750,000			
<b>7. Eligible Applicants:</b> Michigan Virtual University			
<b>8. Description of Priorities Given to Any Specific Population or Location:</b> <input checked="" type="checkbox"/> NOT APPLICABLE			
<b>9. Grant Administration:</b>			
<u>Office</u> Office of Budget, Contracts, and Grants	<u>Unit</u> Grants	<u>Contact</u> Mary Ann Chartrand	<u>Phone</u> 373-1806



<b>10. OFFICE</b>		
Office Director Approval Signature:	<u>N/A</u>	Date: _____
Phone: _____	Comments: _____	
N/A		
<b>11. BUDGET OFFICE</b>		
Budget Office Approval Signature:	_____	Date: _____
Comments: _____		
<b>12. GRANTS OFFICE</b>		
Grants Office Approval Signature:	<u>Mary Ann Chartrand</u>	Date: <u>3/12/04</u>
Comments: _____		
Exhibits are not required for this legislatively designated grant.		
<b>13. DEPUTY SUPERINTENDENT</b>		
Deputy Superintendent Approval Signature:	<u>Carl Z Wolenberg</u>	Date: <u>3-19-04</u>
Comments: _____		
<b>14. SUPERINTENDENT</b>		
Superintendent Approval Signature:	<u>Tom Watkins</u>	Date: <u>3-25-04</u>
Comments: _____		

### INSTRUCTIONS:

- A. Complete items 1-10 on this form. The Grants Administration Unit will facilitate completion of items 11-14.
- B. Attach three (3) sets of Exhibits A, B, and C.  
 Exhibit A---List of applicants (alphabetical order) recommended for funding, the amount requested, the amount recommended, and a three to five sentence abstract of the proposal.  
 Exhibit B---List of applicants (alphabetical order) not recommended for funding and the amount each requested.  
 Exhibit C---Map of Michigan indicating the location of recommended applicants.
- C. Attach the grant award letters for the Superintendent's signature and the non-award letters for the Service Area Director's signature. The letters should be submitted in the same order given in Exhibit A and/or B. For each final Grant Award Notification letter, a Grant Award Notification form (yellow sheet) also needs to be submitted for the Superintendent's signature.
- D. Transmit Grant Award Approval Form (pink), attachments, and letters to the Grant Administration Unit.